

Cotswold District Local Plan 2018 – 2031 Update

Town and Country Planning (Local Planning) Regulations 2012

Regulation 18 “Issues and Options” consultation/participation

Evidence Paper: Health, Social and Cultural Wellbeing

1. Introduction

- 1.1 This evidence paper explores issues arising from the district’s changing population and how Local Plan policies can help to improve health, social and cultural wellbeing and reduce inequalities. The importance of health and wellbeing has risen in recent years, not least because its relationship with land use planning has become better understood (as outlined in section 3 below).
- 1.2 This is a very complex subject which spans practically every Local Plan policy. It would be impractical for this paper to identify every conceivable issue. It therefore identifies the main areas where there is potential for simple planning policy changes to have a significant impact.
- 1.3 There are various other non-planning related initiatives that can be pursued independently of the Local Plan partial update, which can help to improve health, social and cultural wellbeing and inequalities.

2. Objectives

- 2.1 The adopted Local Plan has several objectives relating to population, housing and health.

- Objective 2 covers ‘Population and Housing’. The objective title could be expanded to ‘Population, Housing **and Health**’, which would enable the health and wellbeing issues to be more specifically addressed in the Local Plan partial update.
- A new objective could also be introduced:

Through establishing the District's Objectively Assessed Need for housing for the Plan period and allocation of land: **Ensure that new developments and sites support positive health outcomes and the delivery of local strategies¹ that seek to improve health, social and cultural wellbeing and inequalities.**

- Objective 5a aims to ensure good access to jobs, services and facilities, without the need to drive, by locating most developments in sustainable locations. However, there is ambiguity in the Local Plan over how accessibility should be measured, which has led to some development being permitted in locations that do not support easy access to facilities vital for health, wellbeing and prosperity. Objective 5a could be improved to place more emphasis on permitting developments in accessible locations² as follows:

¹ e.g. [Gloucestershire Joint Health and Wellbeing Strategy \(2020 to 2030\)](#)

² An accessible location is a location with good and measurable access to local services.

a) Locating most developments in locations where there is better access to jobs, services and facilities and public transport and **only permitting developments with limited access to services in exceptional circumstances.**

Note: this would be coupled with a clear accessibility scoring system, as described in the Transport topic paper.

- Objective 5b aims to reduce car use by supporting improvements in public transport and walking/ cycling networks. It is implicit that this also supports and enables regular physical activity vital for maintaining good health, although for added clarity and certainty, this objective could be updated as follows:

b) Supporting improvements in public transport and walking/ cycling networks **to deliver more active and sustainable forms of travel.**

3. NPPF, NPPG and other material considerations

- 3.1 The NPPF seeks to locate development in areas with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural well-being³. It also specifies that planning policies should aim to achieve healthy, inclusive and safe places which promote social interaction. It requires safe and accessible design, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion. And it also requires planning policies to enable and support healthy lifestyles, especially where this would address identified local health and well-being needs.
- 3.2 The NPPF requires planning policies to provide the social, recreational and cultural facilities and services the community needs. Planning policies should plan positively for the provision and use of shared spaces, community facilities and other local services to enhance the sustainability of communities and residential environments. The NPPF also requires policies to take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community and guard against the unnecessary loss of valued facilities and services⁴.
- 3.3 There is also guidance on housing for older and disabled people⁵. This sets out that the needs of these groups need to be assessed and local planning authorities must consider and plan for the variety of needs in local plans. Furthermore, plan making authorities are required to assess the need for accessible and adaptable housing and are expected to set a minimum requirement where a need exists.
- 3.4 The guidance also recommends inclusive design with age friendly developments that are accessible for all.
- 3.5 There is also separate guidance for healthy and safe communities⁶. This identifies that the design and use of the built and natural environments, including green infrastructure, are

³ NPPF (2019) Social Objective - paragraph 8b

⁴ NPPF (2019) paragraph 92

⁵ [Planning Practice Guidance: Housing for older and disabled people](#) (MHCLG, June 2019)

⁶ [Planning Practice Guidance: Healthy and Safe Communities](#) (MHCLG, July 2019)

major determinants of health and wellbeing. The use of Health Impact Assessments is also supported where developments are expected to have a significant impact.

- 3.6 The Marmot Review⁷ and the subsequent ‘10-years on review’⁸ are material considerations. The Marmot Review recommends three main policy actions to ensure that the built environment promotes health and reduces inequalities for all local populations, which should be applied across the social gradient. These are i) Prioritising policies and interventions that both reduce health inequalities and mitigate climate change; ii) Fully integrating the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality; and iii) Supporting locally developed and evidence-based community regeneration programmes that remove barriers to community participation and action and reduce social isolation. The 10-years on review found that little has changed since the Marmot Review and in some cases the situation around health and wellbeing has worsened. There is clear evidence that current health and wellbeing policies are not working and a significant change is needed to turn the tide.
- 3.7 The [Council’s Corporate Plan](#) seeks to encourage resilient, well-connected and active communities that take responsibility for their own health and wellbeing goals. A summary of the Corporate Plan objectives towards health and wellbeing is provided in Appendix I. As far as the Local Plan is involved, this essentially translates into updating the Local Plan to facilitate healthy place shaping and delivering various health and wellbeing initiatives.

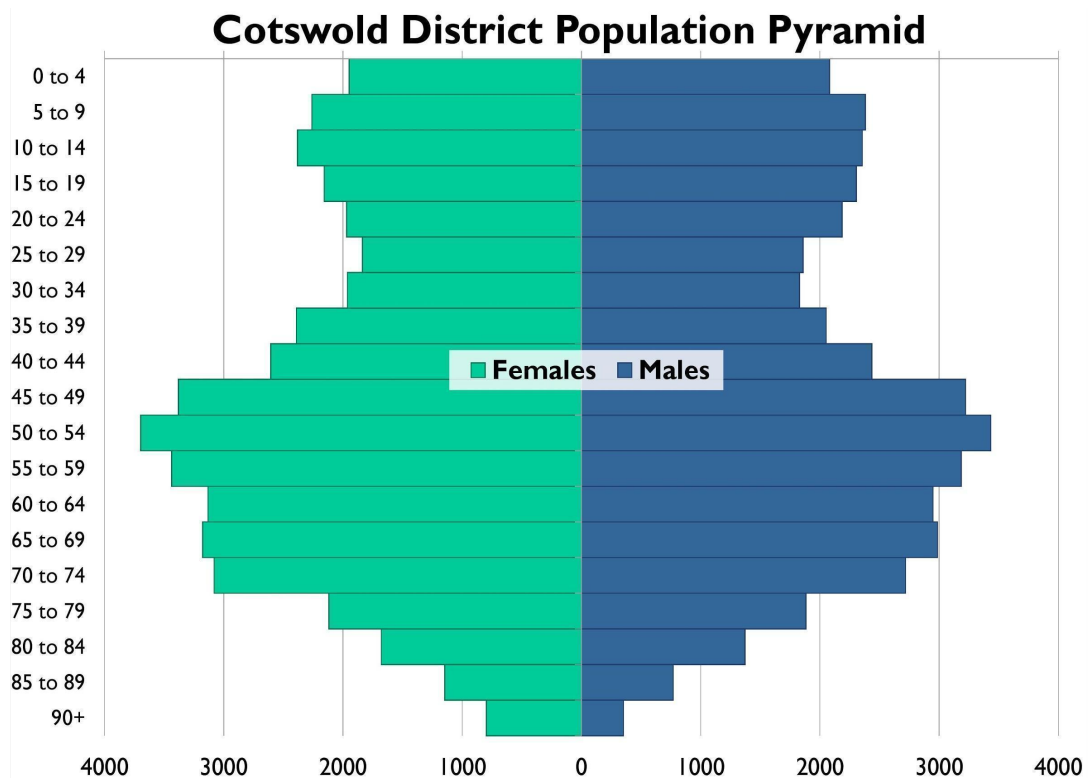
4. Background evidence and Sustainability Appraisal – setting out the issues

- 4.1 Cotswold District has a population of approximately 87,500 people. In comparison with other areas, the district has a disproportionately low number of younger people and a higher number of older people⁹.

⁷ [Fair Society, Healthy Lives \(The Marmot Review\)](#) (Professor Sir Michael Marmot, February 2010) - commissioned by the Secretary of State for Health

⁸ [Health Equity in England: The Marmot Review 10 Years On](#) (Institute of Health Equity February 2020) - commissioned by the Health Foundation

⁹ Office for National Statistics (ONS) Mid-2017 Population Estimates



4.2 Between 2019 and 2041, the proportion of older people in the district’s population is projected to increase further.

- The total population is projected to increase by 8,700 people;
- The population aged 0-19 is projected to increase by 500 people;
- The population aged 20-64 is projected to decrease by 2,400 people; and
- The population aged 65+ is projected to increase by 10,500 people (+5,800 aged 80+)¹⁰.

4.3 The population change raises various interrelated considerations, such as the impact on the local economy, the viability of some services and whether additional services will be required.

4.4 The Gloucestershire Care Home Strategy¹¹ promotes independence and reduction of dependency. Amongst other things, the strategy seeks to reduce the number of people placed in residential care homes and enable people to remain in their own homes and communities, for as long as possible. These issues will likely change the district’s requirements for both sheltered and extra care housing and nursing and residential care bed spaces for the remainder of the plan-period.

4.5 Linked to the District’s aging population, 16.1% of Cotswold’s residents reported having a long-term health problem or disability¹². An ageing population is likely to increase the

¹⁰ ONS 2016 Based Sub-national Population Projections

¹¹ [Gloucestershire Older People Care Home Strategy](#) (Gloucestershire County Council, June 2019)

¹² 2011 Census

prevalence of disability or long term illness conditions. The Local Plan must therefore ensure that there is suitable access to healthcare and other support to meet this growing need,

- 4.6 The Sustainability Appraisal notes that social isolation was the second commonest reason for social referrals, accounting for 43% of all reasons for referrals to hospital in South Cotswolds. Older people are particularly vulnerable to social isolation and/ or loneliness due to loss of friends, family, mobility, health or income.
- 4.7 In addition, a large proportion of the District's more rural communities have limited access to essential services. There is also often limited access to sustainable / active transport options and a high reliance on private automobiles as well as community transport schemes. Transport is the largest contributor of the district's CO2 emissions.
- 4.8 As of 1 April 2020, the District's housing trajectory indicated that around 1,100 dwellings were built or committed in locations outside Principal Settlements since 2011. Approximately 1,270 further dwellings were expected to be delivered as windfalls in the remainder of the plan period¹³. In short, a significant amount of housing development is currently being built in locations with limited accessibility to services.
- 4.9 Housing development can sometimes be needed in less accessible locations to sustain existing services and enable people, particularly younger people, to live in the area they are strongly connected with. If services fail, existing communities may have to travel further afield to access services. If the District cannot retain younger people, the aging population issue may also be exacerbated and the local communities and economies may be harmed. The Local Plan Partial Update must therefore be mindful of these issues, ensuring that policies contribute to the development of strong, stable communities where residents can access services without relying on private vehicles.
- 4.10 The quality of housing is also linked to health. The District has 1.6% dwellings with two rooms or fewer; 2.2% dwellings lack central heating; and 3.6% of dwellings are overcrowded¹⁴. Around 9% of the District's households live in 'fuel poverty'¹⁵ and 8.6% (1,100) of the District's children live in low income families¹⁶. Over the last three years food bank usage in the Cirencester food bank area (Cirencester with Tetbury and Fairford) has grown by 131%. The effect of food poverty continues to be greatest on children aged 11 or under with 67% of parcels going to families with primary aged children or under in 2020/21¹⁷. While the majority of the district scores well overall in the Indices of Multiple Deprivation, there are pockets of deprivation where male life expectancy is 2.7 years lower than in the least deprived areas.
- 4.11 There is also an upward trend in obesity and mental health problems, which is linked to other health issues.
- 4.12 Healthy environments make healthy people and that healthy people underpin economic vitality. Now more than ever there is a need and an opportunity to improve health and

¹³ [Table 8 of Housing Land Supply Report \(CDC, October 2020\)](#) - note, these figures are caveated by the fact that some dwellings delivered in locations outside Principal Settlements will have good access to services. Some future windfalls will also be delivered inside Principal Settlements.

¹⁴ Census 2011

¹⁵ Department for Energy and Climate Change (2016)

¹⁶ [Local Authority Health Profile 2019](#)

¹⁷ Report on 'Food poverty in the South Cotswolds, April 2020-March 2021'

well-being through, amongst other things, active travel and neighbourhood design that promotes physical activity, enhances social connections and strengthens mental health. There is also the need for compact neighbourhoods with local facilities and public transport accessibility allowing car free access to jobs and wider services. What Covid-19 has suddenly revealed is that those things do matter¹⁸.

5. Current Local Plan Policy

- 5.1 Local Plan Policy DS1 directs most development towards 17 Principal Settlements, which generally have better access to services and are more sustainable locations for development. However, the Local Plan policies may currently enable some housing development in less accessible locations, including Policies DS3 and H3. Within Policy DS3, the measurement of whether a settlement has reasonable access to services is left open to interpretation. Policy H3 currently has no reference to accessing services. People who require affordable housing may be those least able to afford a private car and may have most need to be housed in an accessible location.
- 5.2 Policy H4 covers specialist accommodation for elderly people. This sets out how the District's need for sheltered and extra care accommodation and residential and nursing bed spaces will be delivered. These needs have been updated by the Gloucestershire Local Housing Needs Assessment and the Gloucestershire Older Person Care Home Strategy. The Local Plan does not identify the housing needs of disabled people and Policy H4 would be an appropriate location for this.
- 5.3 Policy INF1 and SA1-SA3 sets out the critical and essential infrastructure required to support growth resulting from the Local Plan. This includes health infrastructure, such as doctor's surgeries. The infrastructure needs of the District may have changed since the Local Plan was adopted. They will also change as a result of further planned development. Policy INF1 and the Infrastructure Delivery Plan need updating.
- 5.4 Local Plan Policy INF2 seeks to retain existing services and facilitate the delivery of new services. The Local Plan recognises that smaller scale services and facilities in local neighbourhoods and villages are vital to many residents for social, economic and environmental reasons. This policy is generally working well, although a revision is required to better address health and wellbeing requirements as per Revised NPPF paragraphs 91c and 92b. This policy could also better link with other Plan Policies such as local centres, green infrastructure and sports facilities. Local plan policy revisions must take consideration of the new Class E and F planning use classes, as well as new permitted development rights, particularly those relating to changes to residential uses.
- 5.5 Policy INF3 deals with sustainable transport, which is linked to health and wellbeing. This is explored in the Transport topic paper.
- 5.6 Policy EN2 supports development that accords with the Cotswold Design Code. The Design Code sets out a range of requirements that support healthy lifestyles, although it could be improved to better deliver the principles of 'Inclusive Design', set out in the [PPG on Housing for Older and Disabled People](#).

¹⁸ [Enabling Healthy Place Making \(RTPI research paper, July 2020\)](#)

6. Potential Policy Responses

Opt 1: Introduce changes to various Local Plan policies to improve health and wellbeing outcomes

6.1 Rather than creating a single policy to resolve this issue, it may be more appropriate and effective to improve various existing Local Plan policies. Cumulatively, the following suggestions could make a big difference:

- Update Policy H4 to (i) reflect the updated needs for different types of housing for older people resulting from the Gloucestershire Local Housing Needs Assessment and the Gloucestershire Older People Care Home Strategy; and (ii) include a requirement for types of accessible and adaptable housing, as identified in the Gloucestershire Local Housing Needs Assessment.
- Update the Cotswold Infrastructure Delivery Plan and Policies SA1-SA3 and INFI to take account of the need for additional health care facilities and asset-based/place-based community development, such as the development of designated community spaces (indoor and outdoor) and funding to facilitate 'Community Building' in new developments (e.g. funding for a fixed-term post).
- Require new developments to contribute towards improving peoples' access to good food (e.g. the incorporation of allotments and community kitchens into developments and access to food stores).
- Update the Cotswold Design Code to take further consideration of 'Inclusive Design' principles contained within the PPG on Housing for Older and Disabled People and RTP1 Guide on Dementia and create environments that encourage the use of healthy, active travel choices.
- Update the Local Plan to take account of the new Leisure Strategy to secure improved, more accessible, flexible and inclusive services.
- Update policies DS3 and H3 to reflect the need to ensure sustainable access to jobs, services and facilities (as set out in further detail in the Transport topic paper).

6.2 Other topic papers suggest further policy initiatives that will benefit health, social and cultural wellbeing and inequalities. For example:

- the proposal for all new housing to be zero carbon will help to overcome fuel poverty issues, enabling more people to live in homes that are warmer in winter and resilient to high summer temperatures;
- improvements to the Green Infrastructure policy will enable people to live more active lifestyles with improved mental health with improved access to better food; and
- improvements to the Sustainable Transport policy will provide people with more active transport options, which will benefit their physical and mental health.

6.3 This paper does not provide a **second or third option** to choose between. However, it invites discussion on the proposed policy changes. In doing so, the proposals can be amended. Furthermore, suggestions of additional Local Plan policy changes are welcomed that could enable the Local Plan to better deliver health, social and cultural wellbeing and inequalities improvements. For example, the planning system has an influence over (although not total control over) many of the wider determinants of health, including people’s lifestyles, their local communities, the local economy, the activities available to them, the built environment, the natural environment, and the mitigation and adaptation of the effects of climate change¹⁹.

Policy Approach	Discussion of impacts, effectiveness etc - justification
(A) Preferred Option: Option I	This option may result in some housing developments that would currently be permitted being refused because they fail the accessibility test. This may result in fewer windfalls and possibly fewer affordable homes being delivered. Further analysis would be required to understand the scale of the impact but additional site allocations may be required to compensate for the reduction in housing delivery. Notwithstanding this, it would help to ensure that the need for different types of housing are identified in the Local Plan and delivered. It would also ensure that health infrastructure improvements continue to be planned for and that all new developments are designed to be inclusive.

¹⁹ Town and Country Planning Association (Developing Healthier Places, 2018)

Appendix I: Summary of Cotswold District Council Corporate Plan Health and Wellbeing Objectives

The [Council's Corporate Plan](#) aims for the district to be the best in the UK for health and wellbeing. It highlights how pandemic taught us a lot about the resilience of the district's residents: their kindness, their talents, and their generosity. Building on this success, the strategy seeks to encourage resilient, well-connected and active communities that take responsibility for their own health and wellbeing goals. The strategy sets out various measures to achieve this, some of which can be delivered through the Local Plan partial update. These include updating the Local Plan and:

- continuing to invest in asset-based/place-based community development;
- improving equal access to quality services across the district;
- working with relevant services and organisations to provide more – and better – quality healthcare services;
- investing in dementia-friendly communities and reducing loneliness and isolation;
- developing policies for dementia friendly homes;
- developing a leisure strategy to secure improved, more accessible, flexible and inclusive services;
- ensuring that housing and built environments enable residents to live healthy lives by planning places with active travel and high-quality green infrastructure;
- reviewing the local plan policies to facilitate healthy place shaping; and
- delivering health and wellbeing initiatives through the local plan.